

DBP Precursor Form 3
Additional Alternative Compliance Criteria for Conventional Filtration Treatment Plants Practicing Softening

PWSID #: _____SYSTEM NAME: _____DATE: _____
TREATMENT PLANT NAME: _____TREATMENT PLANT ID #: _____
AUTHORIZED SIGNATURE: _____TITLE: _____
PREPARED BY: _____TITLE: _____PHONE NUMBER: _____
Check One: ☐ 1st Quarter (Due by April 10th)
☐ 2nd Quarter (Due by July 10th)
☐ 3rd Quarter (Due by Oct. 10th)
☐ 4th Quarter (Due by Jan.10th)
YEAR: 20 __ __
CRITERIA USED: ☐ (i) ☐ (ii)
VIOLATION?: ☐

Month	Year	Column A	Column B	Column C	Column D		Column E	Column F	Column G	
		Source Water Alkalinity (mg/L as CaCO ₃)	Source Water TOC (mg/L)	Treated TOC (mg/L)	Treated Water Alkalinity (mg/L as CaCO ₃)		Source Water Magnesium Hardness (mg/L as CaCO ₃)	Treated Water Magnesium Hardness (mg/L as CaCO ₃)	Magnesium Hardness Removed (mg/L as CaCO ₃)	
January	20__ __									
February	20__ __									
March	20__ __					Q1=				Q1=
April	20__ __									
May	20__ __									
June	20__ __					Q2=				Q2=
July	20__ __									
August	20__ __									
September	20__ __					Q3=				Q3=
October	20__ __									
November	20__ __									
December	20__ __					Q4=				Q4=
RAA=							RAA=			

Instructions on Reverse

**INSTRUCTIONS FOR COMPLETING
DBP Precursor Form 3**

1. **PWSID #:** Enter the Public Water System (PWS) ID number assigned by CDPHE.
2. **System Name:** Enter system legal name provided to CDPHE when PWSID assigned.
3. **Date:** Enter the date that the final report is prepared and signed.
4. **Treatment Plant:** Enter the name of the treatment plant from which these results are associated. Be sure name is consistent with treatment plant name in the monitoring plan.
5. **Treatment Plant ID#:** The treatment plant identification number.
6. **Authorized Signature:** The person that signs the form must be the legal owner or authorized representative of the legal owner. This signature certifies that the information submitted is correct and consistent with the written monitoring plan. **Title:** The title of the owner or authorized representative of the legal owner.
7. **Prepared by:** **Print** the name of the person completing the form.
8. **Title:** The title of the person completing this form.
9. **Phone Number:** complete phone number of person completing this form.
10. **Check** the quarter that this report covers. Quarter 1-January, February, and March; Quarter 2-April, May, and June; Quarter 3-July, August, and September; and Quarter 4-October, November, and December.
11. **Year:** Enter the last 2 digits of the year for the reporting quarter.
12. **Violation:** check if there was a violation during the reporting quarter.
13. **Criteria Used:** Check the appropriate alternative compliance criteria that the system will be using for compliance during the most recent quarter and complete the appropriate columns as listed in (i):
 - (i) Treatment plants practicing softening that lower treated water alkalinity to <60 mg/L (complete Columns A, B, C & D); or
 - (ii) Treatment plants practicing softening that remove at least 10 mg/L of magnesium hardness as CaCO₃ (complete Columns A, B, C, E, F & G).

Complete the appropriate reporting columns, as listed above for each additional Alternative Compliance Criteria, as follows:

(Note: All systems must complete Columns A, B, and C, regardless of which Alternative Compliance Criteria they use to demonstrate compliance)

14. **Column A:** Enter the value that represents the source water alkalinity in mg/L (as CaCO₃). Note: Systems using one of the additional Alternative Compliance Criteria for compliance must continue to monitor for source water alkalinity, but are not required to calculate the "RAA."
15. **Column B:** Enter value that represents the source water TOC in mg/L Note: Systems using one of the additional Alternative Compliance Criteria for compliance must continue to monitor for source water TOC, but are not required to calculate the "RAA."
16. **Column C:** Enter the value that represents the treated water TOC in mg/L. Note: Systems using one of the additional Alternative Compliance Criteria for compliance must continue to monitor for treated water TOC, but are not required to calculate the "RAA."
17. **Column D:** Enter the value that represents the treated water alkalinity (in mg/L as CaCO₃). If more than one monthly analysis is performed, report the average for the month consistent with the schedule provided in the system's monitoring plan. At the end of each quarter, calculate the quarterly average of the monthly values and report them in the unshaded area next to the appropriate quarter (Q1, Q2, Q3, or Q4). At the end of each quarter, calculate the running annual average (RAA) of the previous 4 consecutive quarters and report the result at the bottom of the form next to 'RAA.'
18. **Column E:** Enter the value that represents the source water magnesium hardness (in mg/L as CaCO₃). If more than one monthly analysis is performed in a specific month, report the average of all the results obtained from that month.
19. **Column F:** Enter the value that represents the treated water magnesium hardness (in mg/L as CaCO₃). If more than one monthly analysis is performed in a specific month, report the average of all the results obtained from that month.
20. **Column G:** Enter the value that represents the treated water magnesium hardness removed (in mg/L as CaCO₃) by subtracting Column F from Column E. At the end of each quarter, calculate the quarterly average of the monthly values and report them in the unshaded area next to the appropriate quarter (Q1, Q2, Q3, or Q4). At the end of each quarter, calculate the running annual average (RAA) of the previous 4 consecutive quarters and report the result at the bottom of the form next to 'RAA.'